

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED SUBJECT INFORMATION REASON FOR USE OF FORCE (Check all that apply)	1. DATE OF INCIDENT 10-FEB-2017	TIME 17:54:00	2. ADDRESS OF OCCURRENCE 3958 N WESTERN AVE CHICAGO, IL 60618	3. LOCATION CODE 304	4. BEAT/OCURRED 1921	5. VIDEO RECORDED INCIDENT 01 BWC 02 IN-CAR CAMERA 03 OTHER REPT VIDEO			
	6. POSITION 9161	7. LAST NAME STORCE	8. FIRST NAME ANGELA D	9. STAR NO. 9761	10. SEX 01 M <input checked="" type="checkbox"/> 02 F	11. RACE CODE WHI	12. AGE 502	13. HT 150	14. WT
	15. DATE OF APPT 27-NOV-2006	16. EMPLOYEE NO.	17. UNIT & BEAT OF ASSIGNMENT 019 1922	18. DUTY STATUS X 01 On <input type="checkbox"/> 02 Off	19. MEMBER INJURED? 01 Yes <input type="checkbox"/> 02 No <input checked="" type="checkbox"/>	20. MEMBER IN UNIFORM? 01 Yes <input type="checkbox"/> 02 No <input checked="" type="checkbox"/>			
	21. LAST NAME DOE	22. FIRST NAME JANE	23. M.I.	24. SEX 01 M <input checked="" type="checkbox"/> 02 F	25. RACE WHI	26. D.O.B.	27. HT	28. WT	
	29. ADDRESS CHICAGO, IL	30. TELEPHONE NO.	31. WAS SUBJECT ARMED? OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT INJURED BY MEMBER? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	33. SUBJECT ALLEGED INJURY BY MEMBER? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				
	34. IF SUBJECT INJURED, DESCRIBE INJURY 01 Fatal <input checked="" type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None <input type="checkbox"/>	35. WHERE WAS MEDICAL TREATMENT OBTAINED? ILLINOIS MASONIC MEDICAL CENTER							
	36. BY WHOM? DR KINGSLEY	37. CONDITION 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid <input type="checkbox"/>							
	38. CHARGES PLACED	39. CB NO.	40. IR NO	41. DNA					
	42. SUBJECT'S ACTIONS DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____	43. ACTIVE RESISTER FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER ASSAULTED WITH KNIFE <input type="checkbox"/>	44. ASSAULTANT: ASSAULT IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____ PERCEIVED AS _____	45. ASSAULTANT: BATTERY ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____	46. ASSAULTANT: DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____ PERCEIVED AS _____				
	47. MEMBER'S RESPONSE MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/ CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> LRAD WITH AUTHORIZATION <input type="checkbox"/> OTHER _____	48. MEMBER'S RESPONSE OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (ARC Cycle) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> OTHER _____	49. MEMBER'S RESPONSE ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____	50. MEMBER'S RESPONSE KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____	51. MEMBER'S RESPONSE FIREARM <input checked="" type="checkbox"/>				
52. WEAPON DISCHARGE INCIDENT 41. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) _____	53. RANK _____	54. STAR NO. _____	55. UNIT NO. _____	56. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
57. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	58. DID THE DISCHARGE RESULT IN A SELF-INFILCTED INJURY? <input checked="" type="checkbox"/> 01 No <input type="checkbox"/> 02 Yes - Subject <input type="checkbox"/> 03 Yes - Member								
59. WEAPON TYPE 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input checked="" type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER <input type="checkbox"/>	60. INCIDENT OCCURRED Indoors <input type="checkbox"/> Outdoors <input checked="" type="checkbox"/>	61. LIGHTING CONDITIONS 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial <input checked="" type="checkbox"/>	62. WEATHER CONDITIONS CLEAR						
63. WEAPON SERIAL NO. (Include Letters) SBU002291	64. MAKE/MANUFACTURER SIGS. L G/SWISS INDUSTRIAL GESELLSCHAFT SZ-	65. MODEL P239	66. BARREL LENGTH 3.60	67. CALIBER/GAUGE 9 MM					
68. PROPERTY INVENTORY NO.	69. TYPE OF AMMUNITION USED Department Issued	70. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1	71. TOTAL NO. OF SHOTS MEMBER FIRED 1						
72. WHO FIRED FIRST SHOT 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER <input type="checkbox"/>	73. WAS FIREARM RELOADED DURING INCIDENT 01 YES <input type="checkbox"/> 02 NO <input checked="" type="checkbox"/>	74. NO. OF CARTRIDGES/SHOT SHELLS RELOADED	75. HOW WAS MEMBER'S HANDGUN WORN 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST)						
76. HOW WAS MEMBER'S HANDGUN DRAWN 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input checked="" type="checkbox"/>	77. SPECIFY METHOD/EQUIPMENT USED TO RELOAD	78. DID MEMBER USE SIGHTS 01 YES <input type="checkbox"/> 02 NO <input checked="" type="checkbox"/>							
79. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE	80. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input checked="" type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT <input type="checkbox"/>								
81. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON 01 SUBJECT <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE <input type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 08 ANY OTHER COMBINATION <input type="checkbox"/>	82. POSITION OF MEMBER DISCHARGING WEAPON 01 STANDING <input checked="" type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) <input type="checkbox"/>								

CASE INFORMATION	77 NOTIFICATIONS (ALL INCIDENTS): NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.	IMMEDIATE SUPERVISOR DSS OF DISTRICT OF OCCURRENCE <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> OEMC
	78 ADDITIONAL INFORMATION OFFENDER ASSAULTED OFFICER WITH KNIFE.	
SIGNATURES	<p>74 REPORTING MEMBER (Print Name) STORCE, ANGELA D 10-FEB-2017 23:47:48</p> <p>STAR/EMPLOYEE NO. 9761 SIGNATURE [REDACTED]</p> <p>Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.</p> <p>80 REVIEWING SUPERVISOR (Print Name) PEREZ, ANGEL L STAR NO 1503 SIGNATURE [REDACTED]</p> <p>DATE REVIEWED 10-FEB-2017 TIME 23:56:16</p>	

1704111450

75 EVENT NUMBER

JA149063

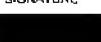
ON CALL RND

LOG# 1084029

Attachment 24

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT. 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. (D) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

11. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE Deceased			
DNA <input type="checkbox"/> REFUSED <input checked="" type="checkbox"/> INTERVIEW NOT CONDUCTED (Specify Reason)			
12. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS U#17-005 As of this report no further action by the undersigned is required. Based on the facts available at this time, it is the preliminary finding that Officer Storze acted in compliance with dept policy			
13. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY <input checked="" type="checkbox"/> I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.		14. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION <input checked="" type="checkbox"/> INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED. <input type="checkbox"/> LOG NO. <u>1084029</u> OBTAINED	
15. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name) PENA, MARIA C		16. TRR _____ OF _____ TRR(S)	
17. DISTRIBUTION OF TRR: IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION: 1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION, TO BE INCLUDED WITH THE CORRESPONDING CASE FILE. 2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO: A. INDEPENDENT POLICE REVIEW AUTHORITY, AND B. COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION.			
SIGNATURE 		DATE COMPLETED TIME 11-FEB-2017 00:11:39	

LOG# 1084029

A 11 Attachment